



Administrative
Policy and
Procedure
Manual

Date Established: 1 May 1993

Date Reviewed: 12/98; 03/01; 01/02; 01/03; 01/04; 01/05; 01/06; 01/07; 11/15; 01/20

Date Revised: 04/01; 04/02; 10/04; 07/05; 03/09; 9/09; 5/10, 2/12, 10/13; 1/14, 2/15; 3/17; 5/17; 5/18

Submitted By: Director of Patient Accounts

Approved By: CGH President & CEO

SUBJECT: CHARITY SERVICES

POLICY: CGH Medical Center will provide necessary health care services within the scope of its mission and capabilities to all persons, regardless of their ability to pay.

PROCEDURE: A patient or a member of his/her family may make application for charity care when there are open account balances at CGH Medical Center. Applications made for financial assistance apply to open balances at the hospital, affiliated clinics, CGH Home Nursing and CGH Home Infusion. Anywhere in this policy that CGH Medical Center is referenced, the statement applies to the hospital, affiliated clinics, CGH Home Nursing and CGH Home Infusion.

1. Applications should be made in person, by mail, by electronic mail or by fax.
2. All applicants should complete a financial assistance application.
3. Gross income is determined by using the income of all persons residing in the household. For college students, the parent's household is used to determine family income unless the applicant is able to clearly show financial independence. Final decisions on the ability of a college student to show financial independence are made by the Patient Accounts Manager, Patient Access Manager, or the Director of Revenue Cycle.
4. Family size is determined by counting all persons residing in the household. For college students, the parent's household is used to determine family size unless the applicant is able to clearly show financial independence. Final decisions on the ability of a college student to show financial independence are made by the Patient Accounts Manager, Patient Access Manager, or the Director of Revenue Cycle.
5. In cases whereas a married couple is separated both incomes and household sizes are utilized to determine eligibility.
6. Applicants may be asked to apply for Public Aid, Medicare or other third party sources before being considered for CGH charity care. The patient may be asked to verify their income and assets.
7. Effective January 1, 2014, uninsured applicants may be asked to apply for the health insurance exchange or to apply for insurance coverage outside of the health insurance exchange before being considered for CGH charity care. Failure of the uninsured applicant to show proof of application for health insurance coverage may be cause for charity care denial.
8. A written approval or denial will be provided to the patient within ten (10) working days of the receipt of the completed application. An application is not considered complete until adequate financial information has been provided.
9. Applications with a guarantor balance totaling \$5,000 or greater at one individual entity must be approved and dated by the Patient Accounts Manager, Patient Access Manager, or the Director of Revenue Cycle.
10. Services that are considered non-covered by Medicare and services that are elective are not eligible for Charity Care. Cosmetic procedures, orthotics and hearing aids are not eligible for Charity Care. Glasses and contacts are not eligible for Charity Care. Special consideration may be granted by the Patient Accounts Manager, Business Services Manager, Director of Revenue Cycle, CFO, or CEO.
11. Services that are pending payment from a motor vehicle insurance, liability insurance or accident insurance that do not have a formal payment or denial on them may not be not eligible for Charity Care.



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12. Charity care applications for patients that reside outside of Illinois that present for non-emergent conditions will be evaluated for Charity care eligibility on a case by case basis. CGH Medical Center reserves the right to deny eligibility for Charity Care for patients that do not reside within Illinois that are seeking non-emergent care.
13. Consideration for charity care is based on the patient's and/or responsible party's financial status in comparison with the Community Services Administration Guidelines (see "Charity Care" policy). These guidelines are published in the Federal Register and are updated each spring. A sliding scale based upon family size and total family income is utilized to determine eligibility.
14. Applicants that do not qualify for charity care may be extended a discount.
15. Special consideration may be given in cases where the patient has unusual or extreme expenses. Examples of these may include but are not limited to: medical expenses, pharmacy/drug expenses, catastrophic fire or storm expenses, etc. Special consideration may also be given in cases where the total amount of the hospital bill is 30% or more than the patients' annual income. The special consideration may be approved by the CEO, CFO or the Director of Revenue Cycle.
16. A copy of all approved and denied applications will be kept for at least three (3) years.
17. An application that is approved or denied between January 1st and June 30th of a calendar year is good until January 1st of the following year. An application that is approved or denied between July 1st and December 31st of a calendar year is good until July 1st of the following year. Changes in financial status that result in the applicant applying for charity care again may only affect future dates of service and may not apply to accounts that were considered on a previous application.
18. Information regarding CGH Medical Center's charity care program is available:
 - On-line at www.cghmc.com
 - On each hospital statement sent to our guarantors
 - On signs in both English and Spanish in each registration area at the hospital
 - At Patient Accounts at 1813 2nd Avenue in Sterling
 - At Clinic Business Office at 101 East Miller Road in Sterling
19. No refund will be made on accounts that have payments made prior to the date the charity care is approved. Payments that are posted after charity care is approved on an account may be refunded if the patient asks for a refund of those payments.
20. Patient has 60 days from the date of discharge on their account to apply for charity care. If no application is received within 60 days post discharge the account may not be eligible for charity care.
21. Financial Assistance is always the payer of last resort on an account. Should an account be adjusted to financial assistance and later to be found to have another payer, CGH reserves the right to reverse the financial assistance decision and to pursue the other payer to resolve the account balance. The exception to this is Crime Victim. Crime Victim is always the payer of last resort.



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Presumptive Eligibility

Effective January 1, 2014, a patient may be found eligible for charity care based upon presumptive eligibility criteria. Presumptive eligibility criteria is defined as the criteria used to deem a patient eligible for financial assistance, and the criteria is defined as the categories identified as demonstrating financial need.

These mandated categories include:

- Homelessness
- Deceased with no estate
- Mental incapacitation with no one to act on patient's behalf
- Medicaid eligibility but not on the date of service or for non-covered services